## EXECUTIVE LOBBYING REGISTRATION/ RENEWAL FOR THE YEAR OF

(Fill in year.)	FOR OFFICE USE ONLY Postmark Date: /3/08
Instructions  Print in ink or type,  Corsplete form and return with \$110 registration fee to the Board of Ethics, 2415 Quait Dr., 3rd Floor, Beton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.  Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of	Len 08 044 23740 0110 0
December 31 unless a renewal is submitted between December 1 and January 31.  1. NAME Knight Sharon J, Last First MI  2. BUSINESS PHONE 225, 763, 8500	3071323
3. PAX NUMBER 225. 763. 9881	
4. BUSINESS ADDRESS 6767 Peckins Rd. #100, B.R. Street and No. CI  MAILING ADDRESS Street and No. CI	·
5. EMPLOYER Louisiana State Medical Social 6. EMPLOYER'S ADDRESS <u>Same as above</u> Street and No. City State	
<ol> <li>UST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the addres you represent; (c) the type of business each is engaged in or the purpose or function of the organiza-</li> </ol>	Zip  of each such person, group, or organization stion or group; (d) whether or not the client

Executive Lobbyist Registration No.

Form 504, Rev. 7/04

If No. who pays you?

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## EXECUTIVE LOBBYING REGISTRATION FORM

29 Executive Lobbyiet Registration No.

2.	Name	<u>32</u> 31 50	
	Address		
	Business or purpose	**	
	Does this person pay you?		22
	If No, who pays you?		2629
3.	Name		105.6940) )
	Address		
	Business or purpose		
	Does this person pay you?		
	If No, who pays you?		
4,	Name		
	Address		
	Business or purpose	2000	2000
	Does this person pay you?		
	If No, who pays you?		

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-

R.S. 49:71 et seq. has been deliberately omitted,

Signature of Lobbyist

Form 304, Rev. 2404

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